

Registration Form

Fifth Annual Diabetes/CVH Winter Symposium:
Evidence-Based Management: Improving Diabetes & Cardiovascular Care;
It Takes A Team
February 23 – 24, 2006
Crown Reef Resort and Convention Center 2913 Ocean Blvd.,
Myrtle Beach, SC 29577

DIRECTIONS: please complete the form and mail form and check to: DTAC, P.O.12053, Columbia, SC 29211

Please print your name as it should appear on your name badge and certificate of attendance.

Last Name First Name Middle Initial

Social Security Number

Please circle:

MD PA SW RN NP RD RPh CHES

Other (specify):

Address

City State Zip

() -
Office Telephone

() -
Office Fax

E-Mail

County of Employment

Agency Name

On or before February 15, 2007	
MDs	\$125
Other providers	\$100

After February 10, 2006	
MDs	\$150
Other providers	\$125

Registration Costs

Payment must accompany registration.

For additional information, please contact Bennie Daughtry at (803) 545-4471, or via
e-mail: DAUGHTBC@dhec.sc.gov